

PLAINTIFF <u>Reuben Drake</u>		COURT CASE NUMBER <u>SAG-19-2134</u>			
DEFENDANT <u>Synchrony Bank</u>		TYPE OF PROCESS <u>U.S. Marshal</u>			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>CSC-Lawyers Incorporation</u>					
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>7 St. Paul Street, Suite 820 Baltimore, MD 21202</u>					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Reuben Drake 10309 B Highpoint Dr. Hagerstown, MD 21742</u>		Number of process to be served with this Form 285 Number of parties to be served in this case <u>1</u> Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>Contact me on Video Relay service (240) 452-4003 10Am - 5pm</u>					
Signature of Attorney other Originator requesting service on behalf of: <u>Reuben Drake</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(240) 520-7735</u> DATE <u>8/6/19</u>		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>037</u>	District to Serve No. <u>037</u> Signature of Authorized USMS Deputy or Clerk <u>CBimp</u> Date <u>8/9/19</u>		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)		Date <u>8/19/19</u>	Time <u>9:25</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy <u>CBimp</u>			
Service Fee <u>\$8.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>\$8.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$8.00</u>

REMARKS

Service sent via USPS Certified mail / Restricted delivery on 8/9/19. Tracking number 7017145000002845361. Service was accepted on 8/19/19. See attached confirmations.

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ENTERED
RECEIVED

AUG - 9 2019

CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND

BY

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